

Statement of Organization - Candidate Committee


Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

Amendment

☐ Yes

☐ No

1. Committee Information			
a. Full Name Elect Matt Drew		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 1310 Copper Creek Drive Durham NC 27713		d. Date Organized 6 July 2009	
		e. Phone Number 919-638-4304	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name Matthew Philip Drew		c. Candidate ID Number	d. Party Affiliation Lib Nonpartisan
b. Mailing Address (include City, State, and Zip Code) 1310 Copper Creek Drive Durham NC 27713		e. Office Sought Durham City Council Ward 2	f. Jurisdiction Ward 2
		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name Matthew Philip Drew		a. Full Name Matthew Philip Drew	
b. Mailing Address (include City, State, and Zip Code) 1310 Copper Creek Drive Durham NC 27713		b. Mailing Address (include City, State, and Zip Code) 1310 Copper Creek Drive Durham NC 27713	
c. Phone Number 919-638-4304	d. Email Address matth.drew@gmail.com	c. Phone Number 919-638-4304	d. Email Address matth.drew@gmail.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name Coastal Federal Credit Union	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	e. Account Code	d. Type
<div style="text-align: center;"> RECEIVED JUL 13 2009 DURHAM COUNTY BOARD OF ELECTIONS </div>			
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
Matthew P. Drew Printed Name of Signer		 Signature of Appointed Treasurer	
		12 July 2009 Date	



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name:

Matthew P. Drew

Treasurer Name:

Matthew P. Drew

Treasurer Address:

1310 Copper Creek Drive

(include city, state, & zip)

Durham NC 27713

Treasurer Phone:

919-638-4304

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

12 July 2009
Date Signed

Signature of Candidate

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JUL 13 2009

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

**DURHAM COUNTY
BOARD OF ELECTIONS**



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**DURHAM COUNTY
BOARD OF ELECTIONS**

Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:

Committee Name:

Elect Matt Drew

Treasurer Name:

Matthew P. Drew

Treasurer Address:

1310 Copper Creek Drive

(include city, state, & zip)

Durham NC 27713

Treasurer Phone:

919-638-4304

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12 July 2009
Date Signed

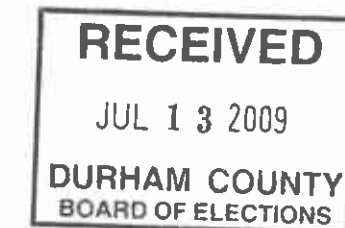
[Signature]
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Matthew P. Drew

Committee Name: Elect Matt Drew

Treasurer Name: Matthew P. Drew

If Candidate is own treasurer, designate an agent to carry out designations: Ashton Drew

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Durham

I, Matthew P. Drew, hereby direct that in the event of my death or incapacity all
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Libertarian Party of North Carolina</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [Signature]

Date: 12 July 2009

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.